

**CLERMONT COUNTY DEPT OF JOB AND FAMILY SERVICES**

PROVIDER \_\_\_\_\_ MONTH \_\_\_\_\_ YR \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

DATE	TIME IN	TIME OUT	PARENT'S SIGNATURE	TIME IN	TIME OUT	PARENT'S SIGNATURE	NO. OF HOURS
1							
2							
3							
4							
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